

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010131

STATE FILE NUMBER

Registration District No. **53** Primary Registration District No. **3010** Registrar's No. **145**

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		c. CITY OR TOWN Cape Girardeau	
Length of stay in 1b 20 yr		Inside Limits Yes No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital		d. STREET ADDRESS (If outside, give location) 1430 Cousin	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Edward Middle G Last Hem		4. DATE OF DEATH Month Mar Day 27 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-9-1892
9. AGE (last birthday) 69		IF UNDER 1 YEAR Months 3 Days 18 Hours 18 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant		10b. KIND OF BUSINESS OR INDUSTRY Missouri Utilities Co	
11. BIRTHPLACE (City and state or country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME Jacob Hem		13b. MOTHER'S MAIDEN NAME Don't Know	
14. NAME OF HUSBAND OR WIFE Amelia Hem		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W. I	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Mrs Amelia Hem Cape Gir Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GASTRO-INTESTINAL HEMORRHAGE		INTERVAL BETWEEN ONSET AND DEATH 4-5 weeks	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) UNDETERMINED		DUE TO (c) [REDACTED]	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture Right Hip From Fall - 5 weeks Duration		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) [REDACTED]		20c. TIME OF INJURY Hour [REDACTED] a.m. [REDACTED] p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) [REDACTED]	
20f. CITY, TOWN, OR LOCATION Cape Girardeau		COUNTY Cape STATE Mo.	
21. I attended the deceased from 3-13-62 , to 3-26-62 and last saw her alive on 3-26-62 Death occurred at 5:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Del. M. Blankenship M.D.	
22b. ADDRESS Cape Girardeau, Mo.		22c. DATE SIGNED 3-28-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-29-1962	
23c. NAME OF CEMETERY OR CREMATORY Jefferson Barracks		23d. LOCATION (City, town, or county) St. Louis Mo.	
24. FUNERAL DIRECTOR Brinkopf Howell Cape Gir Mo.		25. DATE RECD. BY LOCAL REG. March 28, 1962	
26. REGISTRAR'S SIGNATURE [Signature]		27. REGISTRAR'S SIGNATURE [Signature]	

APR 3 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. H. Easter

Licensed Embalmer No. 3568

Rep. G. H. Hissouri
P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

- If embalmed by a STUDENT; he also shall sign in his OWN handwriting.
- If this body is not embalmed, fact should be so stated above.